

## THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

State File No. **16660**

FILED JUN 10 1955

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4535</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Remiscot</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>13 DAYS</b>		c. CITY OR TOWN <b>Steele</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>0787</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Burley</b>		b. (Middle) <b>Gay</b>		c. (Last) <b>Greer</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>May 15, 1955</b>		5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>	
8. DATE OF BIRTH <b>8-7-1896</b>		9. AGE (In years last birthday) <b>58</b>		10. UNDER 1 YEAR Months Days Hours Min.		11. UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James Greer</b>		13b. MOTHER'S MAIDEN NAME <b>Etna Swain</b>		14. NAME OF HUSBAND OR WIFE <b>unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. C. H. May, Steele, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malignant Nephrosclerosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension, Vascular</b> DUE TO (c) <b>Uremia</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 Month</b>  <b>Unkonwn</b>  <b>2 Months</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? <b>442-X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <b>May 2, 1955</b> , to <b>May 15, 1955</b> , that I last saw the deceased alive on <b>May 15, 1955</b> , and that death occurred at <b>12:10 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>FR Burley</b>		(Degree or title) <b>MD</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>5/15/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>5-16-55</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Blytheville, Ark.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 23 1955</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Holt, Blytheville, Ark.</b>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 47

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.